

2013 CAMPER INFORMATION FORM

Town of Brookline Recreation Department Summer Day Camp

**CAMPER
INFORMATION**

All forms including physical and immunizations must be returned to Brookline Recreation by April 12

☐ Kangaroo 5-6 yrs.

☐ Gator 7-9 yrs.

☐ Express 10-13 yrs.

☐ LIT 14-15 yrs

Child's Last Name

Child's First Name

Address

Apt

City

State

Zip

Home Telephone

Gender: ☐ M ☐ F

Birth Date (mm/dd/yy)

Age (as of 6/30/13)

Grade Entering in September 2012

Current School

Email Address

Parent/Guardian

Relationship to Camper

Home Address (If different than above)

Address

Apt

City

State

Zip

Parent/Guardian

Relationship to Camper

Home Address (If different than above)

Address

Apt

City

State

Zip

Please complete the following and check the most reliable number during the day

☐ Home Telephone

☐ Home Telephone

☐ Cell ☐ Business Phone

☐ Cell ☐ Business Phone

Emergency Contact (If parent /guardian cannot be reached) **MUST BE COMPLETED**

Full Name

Relationship to Camper

Most Reliable Daytime Phone

Insurance Information:

Carrier

Policy or Group #

Phone

Parent/Guardian Authorization: (MUST BE SIGNED FOR ALL CAMPERS)

I/we, the undersigned, for myself and/or as parent(s) or legal guardian(s) of _____, a minor, hereby acknowledge my wish to participate in, and/or my consent to said minor's participation in, the foregoing Town of Brookline Park and Recreation Program. In signing this consent and release, I/we do forever RELEASE, acquit, discharge and covenant to hold harmless the Town of Brookline, and its successors, departments, officials, officers, employees, servants and volunteers, from any and all actions, causes of action, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way arising from, directly or indirectly, all known and unknown personal injuries or property damages which I/we may now or hereafter have for myself and/or as the parent(s) or legal guardian(s) of said minor, and also all claims and rights of action or damages which said minor may have or hereafter may acquire as a result of his/her participation in the Town of Brookline Park and Recreation Program. FURTHERMORE, I/we hereby agree to indemnify the Town of Brookline and its successors, departments, officials, officers, employees, servants and volunteers from and against any and all claims for damages, compensation, attorney's fees or otherwise arising out of or resulting from my and/or said minor's participation in the Town of Brookline Park and Recreation program.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

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HEALTH

Child's Last Name _____

Child's First Name _____

Gender: ☐ Male ☐ Female

_____/_____/_____
Birth Date (mm/dd/yy)

Health and Medications – Please fill out this information so that we may create the best possible program for your child.

Significant health concerns diagnosed by physician: _____

How do you manage this health situation? _____

Is this child diagnosed with any mental, behavioral, or emotion conditions? _____

What adaptations would best help your child succeed at camp? _____

Is there anything else we should know about your child to best service their needs? _____

Prescription Medications to be administered at Camp* _____

****Medications should be brought to camp in the original labeled pharmacy container. Parents must sign consent forms prior to any medications being administered.***

Check Health Status	No	Yes	If YES, Please Explain
Drug/Food Allergies			
Foods Poorly Tolerated			
Environmental Allergies			
Bee Sting Allergy			
Epinephrine Pen is Prescribed			
Asthma			
Inhaler is Prescribed			
Diabetes			
Seizure Disorder			
Heart Problems			
Infectious Diseases			
Sensory Disorder			
Bowel/Bladder Problems			
Fear/Phobias			
Other (please explain)			

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AQUATICS

Last Name _____		First Name _____		Middle Initial _____
Address _____	Apt _____	City _____	State _____	Zip _____
Home Telephone _____ - _____		Gender: M F	Birth Date (mm/dd/yy) _____/_____/_____	Age (as of 6/30/13) _____

Summer Camp at the Aquatics Center

CAMP KANGAROO & GATOR:

Children will take part in swim activities approximately 30-60 minutes in length, two-three times per week at the Evelyn Kirrane Aquatics Center. Swim activities for Kangaroo & Gator campers will be led by Swim Instructors where the goal of these activities will be to teach campers basic swimming skills and water safety. In addition, campers at Kangaroo & Gator will have the opportunity to take occasional trips to the Artesani Wading Pool on Soldier's Field Road and/or similar parks in the Greater Boston Area.

CAMP EXPRESS:

Children attending Camp Express will take part in open swim activities at the Evelyn Kirrane Aquatics Center. Additionally, Camp Express may attend field trips to other pool and aquatic facilities.

*****PLEASE NOTE: Bathing caps are mandatory for swimmers with hair that is shoulder-length or longer*****

If you have any questions regarding the **Evelyn Kirrane Aquatics Center**, please feel free to contact the Aquatics Staff at 617.713.5435.

I agree to allow my child to take part in the swimming activities as part of the Brookline Recreation Department's Summer Day Camp.

Parent/Guardian Signature

Date

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TRANSPORTATION
& AUTHORIZATION

Child's Last Name

Child's First Name

Transportation Approval & Authorized Pickup

I agree to allow my child to be transported as part of the Brookline Recreation Department's Summer Camp Program activities, field trips and programming. This is not a request or registration for morning/afternoon Bus Service as that must be registered separately. I hereby waive, release, absolve, indemnify, and agree to hold harmless the Town of Brookline Recreation Department, its directors, instructors, staff and volunteers from any claim arising out of injury to my child.

Parent/Guardian Signature

Date

Please add the names of any additional persons whom have your permission to pick up your child from Camp.

Name

Relationship to child

Address

Apt

City

State

Zip

Home Phone

Cell Phone

Name

Relationship to child

Address

Apt

City

State

Zip

Home Phone

Cell Phone

Name

Relationship to child

Address

Apt

City

State

Zip

Home Phone

Cell Phone

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PHYSICIANS FORM

Name: _____
Last First Middle

Address: _____
Street Apt City State Zip

Birth Date: ____/____/____

Sex: M F

BP: _____ Weight: _____

Height: _____

Health Exam by Licensed Physician

I have examined the above applicant on: Date Examined: ____/____/____

In my opinion, the above applicant is ____/is not ____ able to participate in an active camp program

The applicant is under the care of a physician for the following condition (s):

Medications to be administered at camp (Name, dosage, frequency)

Recommendations and Restrictions while at Summer Day Camp

Any allergies (food, drugs, plants, and insects, etc.): _____

Is an epipen prescribed? Yes _____ No _____

Additional Health Information

Licensed Physician's Signature _____

Address _____

State _____ Zip _____ Phone _____ - _____ - _____

Date of Form Completion ____/____/____

By _____

Initial if completed by nurse or physician's assistant

*Per regulations set by the Department of Public Health, all campers attending Day Camp will need to provide a completed health history, which includes a report of physical examination, which has been conducted during the preceding 24 months.

Vaccines

Mnth/Yr

Mnth/Yr

Basic Immun.

Last Booster

DPT

____/____

____/____

____/____

____/____

____/____

____/____

Or

DT

____/____

____/____

Or

Tetanus

____/____

____/____

Oral Polio

____/____

____/____

____/____

____/____

____/____

____/____

Injectable Polio

____/____

____/____

Measles

____/____

____/____

Mumps

____/____

____/____

Rubella

____/____

____/____

HIB

____/____

____/____

Hepatitis B

____/____

____/____

____/____

____/____

Eliot Recreation Center

133 Eliot Street

Brookline, MA 02467

PHONE # 617.730.2069

Fax # 617.879.0774

www.brooklinerec.com